

**MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES****SUNBRIGHT DYE**

# 26220002

**1. Month of DECEMBER 1, 2008 THRU DECEMBER 31, 2008**

- |     |  |                                    |                                    |     |
|-----|--|------------------------------------|------------------------------------|-----|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 10. | Has PHC result been listed on MR-1 report?                                 | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |
| 21. | Remove Arsenic from report if sampling not required                        | <input checked="" type="radio"/> Y | <input type="radio"/> N            | N/A |

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

First Reviewer: comments on deficiencies Complete

Date Reviewed 2/6/09 Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer [Signature]

Second review comments on deficiencies \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

**PRETREATMENT MONITORING REPORT****YE COMPANY, INC.**

076, PASSAIC, NJ 07055

FEB 3 2009

076, PASSAIC, NJ 07055

164,000.0x

7.48=

1,226,720.0\*

Outlet#: 1

O MONTEIRO

Telephone#: 973-777-9830

26220002-1

1,226,720.0x

0.95=

1,165,384.0\*

1,165,384.0÷

20.0=

58,270.0\*

58,270.0x

1.1=

64,097.0\*

0.0\*

RIOD

31

2008

DAY

YR

END

	AVERAGE	MAXIMUM
Regulated flow-gal/day	58,269	69,923
Total Flow-gal/day	58,269	69,923
Method Used: Total gallons per month taken from water bill received from industrial complex owner (provided by property owner) minus 5% evaporation divided by 20 work days in period. Max = Avg +20%.		

Zn		Mass or Concentration			No. of Samples	Sample type
		Mon Avg	Maximum	Units		
	ement	0.03	0.03	mg/L	1	Comp.
	ement	3.02	N/A	"		
	ement	0.123	0.123	"	1	Comp.
	ement	1.67	N/A	"		
	Sample measurement					
	Permit requirement					
	Sample measurement					
	Permit requirement					
	Sample measurement					
	Permit requirement					
	Sample measurement					
	Permit requirement					
	Sample measurement					
	Permit requirement					
	Sample measurement					
	Permit requirement					

**PRETREATMENT MONITORING REPORT**

**Certification of Non-use (use additional sheets if necessary)** As per approval received from  
PVSC, Sunbrite Dye Company, Inc. is certifying non-use for Cadmium, Lead, Mercury and Nickel  
for this monitoring month.

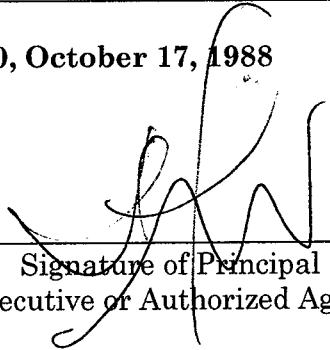
**Compliance or non-compliance statement with compliance schedule (use additional sheets if necessary) for every parameter used:** Sunbrite Dye Company, Inc. was in compliance with the  
PVSC Local Limits for self monitoring performed during the month and as presented in this report.

**Explain Method for preserving samples:**

Metal sample was a composite which was preserved with HNO<sub>3</sub> to pH < 2.0. All samples were  
transferred to the laboratory in an ice filled cooler.

I certify under penalty of law that this document and all attachments were prepared under my direction  
or supervision in accordance with a system designed to assure that qualified personnel properly gather  
and evaluate the information submitted. Based on my inquiry of the person or persons who manage the  
system, or those persons directly responsible for gathering the information, the information submitted is,  
to the best of my knowledge and belief, true, accurate and complete. I am aware that there are  
significant penalties for submitting false information, including the possibility of fine and imprisonment  
for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

  
\_\_\_\_\_  
Signature of Principal  
Executive or Authorized Agent

Antonio Monteiro

Maintenance Manager  
Type Name and Title

1-13-2009

Date

PVSC Form MR-1 Rev: 5 3/91 P2

**SUNBRITE DYE COMPANY, INC. - MR-1: DECEMBER 2008**

**TOTAL VOLUME FOR SUNBRITE DYE DETERMINED  
FROM BREAKDOWN OF WATER BILL FOR  
ENTIRE INDUSTRIAL COMPLEX (PIONEER PROPERTIES)**

20 WORK DAYS
--------------

164,000 Cubic Feet

x7.48

1,226,720 Gallons

x .95 (5% Evaporation)

1,165,384 Gallons discharged

this month

for Outlet # 26220002-1

$$\frac{58,269}{20 \overline{1,165,384}} \text{ GPD} = \text{Avg. Regulated \& Total Flow for Outlet \# 26220002-1}$$

$$\frac{58,269}{\text{x1.20}} \text{ GPD} = \text{Max. Regulated \& Total Flow for Outlet \# 26220002-1}$$

01/07/2009 13:34 FAX 19738157664  
JAN-07-2009 11:52

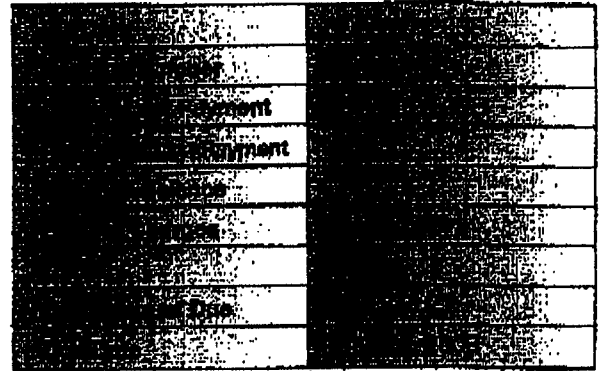
SUNBRITE

001

7182726199 P.01/02  
Page 1 of 2



Passaic Valley Water Commission  
P.O. Box 11393  
Newark, New Jersey 07101-4393  
973-340-4300  
877-772-7077



SERVICE ADDRESS **35 8TH ST UT001, PASSAIC**

BILL TYPE **MONTHLY BILL**

**Billing Period**

Nov 10, 2008-Dec 10, 2008

**Services**

Description	Charge
WATER SERVICE CHARGE	318.90
WATER SERVICE CHARGE	337.60
WATER SERVICE CHARGE	661.96
FIRST 333 CCF	462.87
NEXT 9,999,999 CCF	2078.06
SEWER SERVICE CHARGE	36.41
SEWER CONSUMPTION	1253.52
SEWER SERVICE CHARGE	12.14
SEWER CONSUMPTION	1253.52
SEWER SERVICE CHARGE	12.14
SEWER CONSUMPTION	1218.70

**Meters**

Meter No	Meter Size	Current	Previous	Consumption
60108141	2 INCH	4338	4316	220
60260519	2 INCH	3395	3349	460
70029332	4 INCH	3708	3636	720
60185031	2 INCH	1478	1438	40
70039226	6 INCH	2302	2295	700

*John Subo*

*473 777 0678*  
*973-633-7643*

**SUNBRITE**

*220*  
*720*  
*700*  
*1640 CCF*

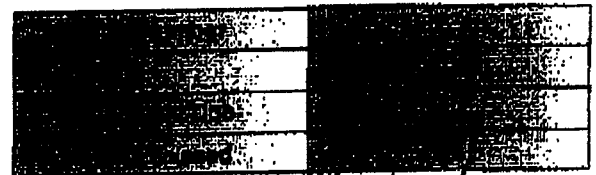
continued...

DETACH HERE AND RETURN LOWER PORTION WITH YOUR CHECK OR MONEY ORDER



Passaic Valley Water Commission  
P.O. Box 11393  
Newark, New Jersey 07101-4393  
973-340-4300

☐ To change mailing address check here and fill out back of form. Please include account number on check or money order. Make check or money order payable to PVWC.



Mailing Address:

Service Address:  
**35 8TH ST UT001, PASSAIC**

\*A-01-69L-AM-01370

PASSAIC COMMERCIAL PROPERTIES  
10720 AVENUE D  
BROOKLYN NY 11236-1911

PASSAIC VALLEY WATER COMMISSION  
PO BOX 11393  
NEWARK NJ 07101-4393



000122999000072160000007645211



## ANALYTICAL DATA REPORT

for  
SunBrite Dye Co., Inc.  
35 8th St.  
Passaic, NJ 07055

Project Name: PVSC MONITORING  
Lab Case Number: E08-13718

MDL = METHOD DETECTION LIMIT

&lt; = LESS THAN THE MDL

## Metals

Lab ID: 13718-001

Client ID: 01

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 12/2/2008

Time Sampled: 08:30

Date Analyzed: 12/4/08

## Parameter

## Result

Q

## MDL

Copper

0.030

0.008

Nickel

&lt; 0.004

0.004

Zinc

0.123

0.008

## General Analytical

Lab ID: 13718-001

Client ID: 01

Percent Moisture: 100

Date Sampled: 12/2/2008

Time Sampled: 08:30

## Parameter

## Result

## MDL

## Matrix-Units

## Date Analyzed

Biochemical Oxygen Demand

576

2.00

Aqueous-mg/L

12/3/2008 13:00

Total Suspended Solids

78.0

50.0

Aqueous-mg/L

12/8/2008 14:00

These data have been reviewed and accepted by:

*Michael H. Leftin*  
Michael H. Leftin, Ph.D.  
Laboratory Director

273 Franklin Road  
Randolph, NJ 07869  
Phone: 973 361 4252  
Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

## INTEGRATED ANALYTICAL LABORATORIES CHAIN OF CUSTODY

## CUSTOMER INFO

**Company: SUNBRITE DYE CO., INC.**

**Address: 35 8th STREET**

**PASSAIC, NJ 07055**

Telephone #:

**tax#:**

**Project Manager:**

**Sampler: JOHN SABO**

Project Name: PVSC MONITORING

Project Location (State):

Bottle Order #:

**Quote #:**

## SAMPLE INFORMATION

[illegible]

### Sample Matrix

DW - Drinking Water    AQ - Aqueous    WW - Waste Water  
OI - Oil    LIQ - Liquid (Specify)    OT - Other (Specify)  
S - Soil    SL - Sludge    SOL - Solid    W - Wipe

## REPORTING INFO

**REPORT TO:** ENVIRO-COMP, INC

**Address:** PO BOX 3457

WAYNE, NJ 07474

**Attn:** JOHN SABO

**FAX #** 973-633-7643**INVOICE TO:**

**Address:** PO BOX 34

WAYNE, NJ 07474

**Attn:** JOHN SABO

**PO #**

**Turnaround Time** (starts the following day if samples rec'd at lab > 5PM)

**Lab notification is required for RUSH TAT prior to sample arrival. RUSH TAT IS NOT GUARANTEED WITHOUT LAB APPROVAL. RUSH SURCHARGES WILL APPLY IF ABLE TO ACCOMMODATE\*\***

Conditional THCH	Results needed by:	Rush TAT Charge **	Report Format	DISKETTE
24 hr* 48 hr 72 hr <u>Verbal/Fax</u> 2 wk/Std NA		24 hr - 100%... 48 hr - 75%... 72 hr - 50%... 96 hr - 35%... 5 day - 25%... 6-9 day 10%	Results Only Reduced Regulatory Other (describe)	.dbf format .wkl format lab approved custom EDD
24 hr* 48 hr* 72 hr* 1-wk* <u>Hard Copy</u> 3 wk/Std				DISK/CD REC

1-wk\* call for price

ANALYTICAL PARAMETERS

## ANALYTICAL PARAMETERS

[illegible]



**# BOTTLES &**  
**PRESERVATIVES**

[illegible]

Known Hazard:	Yes or No	Describe:
1. Is there a known hazard to the health of the community?		
2. Is there a known hazard to the environment?		
3. Is there a known hazard to the economy?		
4. Is there a known hazard to the culture?		
5. Is there a known hazard to the social structure?		
6. Is there a known hazard to the political system?		
7. Is there a known hazard to the legal system?		
8. Is there a known hazard to the education system?		
9. Is there a known hazard to the health care system?		
10. Is there a known hazard to the transportation system?		
11. Is there a known hazard to the communication system?		
12. Is there a known hazard to the energy system?		
13. Is there a known hazard to the water supply system?		
14. Is there a known hazard to the food supply system?		
15. Is there a known hazard to the housing system?		
16. Is there a known hazard to the waste management system?		
17. Is there a known hazard to the public safety system?		
18. Is there a known hazard to the emergency response system?		
19. Is there a known hazard to the disaster preparedness system?		
20. Is there a known hazard to the recovery system?		

*Please print legibly and fill out completely. Samples cannot be processed and the turnaround time will not start until any*

*ambiguities have been resolved.*

Signature/Company		Date	Time	Signature/Company
Relinquished by:		12/2/08	12:00	Received by: 
Relinquished by:				Received by:
Relinquished by:				Received by:
Relinquished by:				Received by:

**Comments:**

**Lab Case #**

**PAGE: of**



## PROJECT INFORMATION

Case No. **E08-13718**Project **PVSC MONITORING**

<b>Customer</b>	SunBrite Dye Co., Inc.		<b>P.O. #</b>	
<b>Contact</b>	John Sabo		<b>Received</b>	12/3/2008 12:00
<b>EMail</b>	ENVIRO43@aol.com	<input type="checkbox"/> EMail EDDs	<b>Verbal Due</b>	12/17/2008
<b>Phone</b>	(973) 633-5426	<b>Fax</b>	<b>Report Due</b>	12/24/2008
<b>Report To</b>			<b>Bill To</b>	
35 8th St.			Enviro-Corp	
Passaic, NJ 07055			P.O. Box 3457	
Attn: John Sabo			Wayne, NJ 07474	
			Attn: John Sabo	
<b>Report Format    Result Only</b>				
<b>Additional Info</b>	<input type="checkbox"/> State Form	<input type="checkbox"/> Field Sampling	<input type="checkbox"/> Conditional VOA	

<u>Lab ID</u>	<u>Client Sample ID</u>	<u>Depth Top / Bottom</u>	<u>Sampling Time</u>	<u>Matrix</u>	<u>Unit</u>	<u># of Containers</u>
13718-001	01	n/a	12/2/2008@08:30	Aqueous	ug/L	2

<u>Sample #</u>	<u>Tests</u>	<u>Status</u>	<u>QA Method</u>
001	Copper - Cu	In Process	200.8
"	Nickel - Ni	In Process	200.8
"	Zinc - Zn	In Process	200.8
"	BOD	Run	5210B
"	TSS (Suspended)	Run	2540D

## INTEGRATED ANALYTICAL LABORATORIES, LLC

## SAMPLE RECEIPT VERIFICATION

CASE NO: E 08

13718

CLIENT:

Sunbrite

COOLER TEMPERATURE: 2° - 6°C: ☒ ( See Chain of Custody)

Comments

COC: COMPLETE / INCOMPLETE

KEY

☒ = YES/NA  
☒ = NO

- ☒ Bottles Intact
- ☒ no-Missing Bottles
- ☒ no-Extra Bottles

- ☒ Sufficient Sample Volume
- ☒ no-headspace/bubbles in VOs
- ☒ Labels intact/correct
- ☒ pH Check (exclude VOs)<sup>1</sup>
- ☒ Correct bottles/preservative
- ☒ Sufficient Holding/Prep Time<sup>1</sup>

☐ Sample to be Subcontracted

<sup>1</sup> All samples with "Analyze Immediately" holding times will be analyzed by this laboratory past the holding time. This includes but is not limited to the following tests: pH, Temperature, Free Residual Chlorine, Total Residual Chlorine, Dissolved Oxygen, Sulfite.

ADDITIONAL COMMENTS:

SAMPLE(S) VERIFIED BY:

INITIAL

DATE

12/3/08

CORRECTIVE ACTION REQUIRED:

YES

☐

(SEE BELOW)

NO

☐

CLIENT NOTIFIED:

YES

☐

Date/ Time:

NO

☐

PROJECT CONTACT:

SUBCONTRACTED LAB:

DATE SHIPPED:

ADDITIONAL COMMENTS:

VERIFIED/TAKEN BY:

INITIAL

JRS

DATE

12-4-08

REV 02/05

## Laboratory Custody Chronicle

IAL Case No.

E08-13718

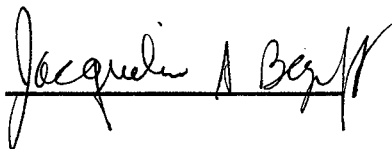
Client SunBrite Dye Co., Inc.Project PVSC MONITORINGReceived On 12/ 3/2008@12:00**Department: Metals**

		<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
Copper - Cu	13718-001 Aqueous	12/ 4/08	Lisa	12/ 4/08	Helge
Nickel - Ni	-001 Aqueous	12/ 4/08	Lisa	12/ 4/08	Helge
Zinc - Zn	-001 Aqueous	12/ 4/08	Lisa	12/ 4/08	Helge

**Department: Wet Chemistry**

		<u>Prep. Date</u>	<u>Analyst</u>	<u>Analysis Date</u>	<u>Analyst</u>
BOD	-001 Aqueous	n/a	n/a	12/ 3/08@13:00	Kris
TSS (Suspended)	-001 Aqueous	n/a	n/a	12/ 8/08	Kam

Review and Approval:



**DROP DOWN BOX**

# NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

NAME: SUN BRITE DYE COMPANY, INC.

MAILING ADDRESS: \_\_\_\_\_

FACILITY LOCATION: PASSAIC, NJ 07055CATEGORY & SUBPART \_\_\_\_\_ PERMIT # 26220002 OUTLET #: 1

CONTACT OFFICIAL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____	Lead _____	Zinc _____	SAMPLE DATE			
Cadmium _____	Mercury _____		MONTH	DAY	YEAR	
Chromium _____	Molybdenum _____		12	2	2008	
Copper _____	Nickel <input checked="" type="checkbox"/>					

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
Ni	Sample Measurement	< 0.004	NO	mg/l	Comp.
	Threshold Value	0.02		1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
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